



Sabbatical Leave Application

Proviso Township High Schools District 209

Date of Application: _____

Employee Name: _____
First **Last**

School: _____ **Department:** _____

Requested Leave Year: _____

Please indicate the reason for the sabbatical request

- Formal study at an accredited college or university toward a doctorate.
- Study for a specialty program or advanced degree with at least twelve (12) semester hours per semester, or other equivalent work, unless this requirement for the taking of minimum hours or equivalent work is waived by the Superintendent.
- Research work under the guidance of competent research personnel.
- Travel, either domestic or foreign, as part of an approved program of study or class material preparation.

Employee's Signature: _____

Principal's Signature: _____

Please attach supporting documentation to this form